

**FILED**

Case 1:08-cv-00039

Document 6

Filed 02/25/2008

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**FEBRUARY 25, 2008**

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

**RECEIVED**

JAN 02 2008 *aw*

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

Ronald D. GRANGER

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

**08CV0039**  
**JUDGE DOW**  
**MAG. JUDGE BROWN**

Case No. \_\_\_\_\_  
(To be supplied by the Clerk of this Court)

Graham C.C. H.C.U. M.D.

Shahaville C.C. H.C.U. M.D.

Dr. P. Ghosh M.D. McFadden

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

**CHECK ONE ONLY:**

X

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION  
1983 U.S. Code (state, county, or municipal defendants)

\_\_\_\_\_

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION),  
TITLE 28 SECTION 1331(a) U.S. Code (federal defendants)

\_\_\_\_\_

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

## I. Plaintiff(s):

- A. Name: RONALD D. GRANGER
- B. List all aliases: \_\_\_\_\_
- C. Prisoner identification number: B-24617
- D. Place of present confinement: SHATELVILLE C.C.
- E. Address: P.O. Box 112 Joliet IL 60434

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

## II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: GRAHAM C.C. ~~MD~~ H.C.U. M.D. - DR.  
 Title: ~~MD~~ DR. M.D.  
 Place of Employment: GRham C.C.
- B. Defendant: SHATELVILLE C.C. H.C.U. DR GHosh + MD McFadden  
 Title: ~~MD~~ DR P. GHosh An MD. McFadden  
 Place of Employment: SHATELVILLE C.C.
- C. Defendant: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

## III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

A. Is there a grievance procedure available at your institution?

YES ☒ NO ( ) If there is no grievance procedure, skip to F.

B. Have you filed a grievance concerning the facts in this complaint?

YES ☒ NO ( )

C. If your answer is YES:

1. What steps did you take?

SEND TO GRIEVANCE OFFICER  
SEND TO A.R.B. INMATE ISSUE

2. What was the result?

60 DAYS TIMEFRAME

3. If the grievance was not resolved to your satisfaction, did you appeal?

What was the result (if there was no procedure for appeal, so state.)

I WAS IN St JOHN HOSPITAL IN SPRINGFIELD  
UNDER HEAVY MEDICATION / 60 DAYS TIMEFRAME

D. If your answer is NO, explain why not:

I WAS IN St JOHN  
HOSPITAL UNDER I.D.O.C. BY GRAHAM C.C.  
UNDER HEAVY MEDICATION / 60 DAYS TIMEFRAME

E. Is the grievance procedure now completed? YES ☒ NO ( )

F. If there is no grievance procedure in the institution, did you complain to authorities? YES ( ) NO ( )

G. If your answer is YES:

1. What steps did you take?

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2. What was the result?

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H. If your answer is NO, explain why not:

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IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):

- A. Name of case and docket number: Court of Claims, Personal Injuries  
Case Number 08CC0170 Springfield Ill
- B. Approximate date of filing lawsuit: July 29, 2007
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: RONALD D. GRANGER
- D. List all defendants: I DOC H.C.U. M.D. McAdams  
DR GHOSH SHATGZILL C.C.
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Court of Claims Springfield Ill 62756
- F. Name of judge to whom case was assigned: Robert Sprague Chief Justice  
N. JANN, P. BIRBAUM, R. STEFFEN, D. SHORINO, J. KAPLAN, D. PERC
- G. Basic claim made: \_\_\_\_\_
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Still Pending, Assigned to Commissioner  
NEAL, DAVID 116 N. Chicago St STE 202 Joliet Il 60432
- H. Approximate date of disposition: \_\_\_\_\_

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

## V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

In Aug of 2006 I WAS SENT to  
 St John Hospital By Graham C.C. H.C.U.  
 Doctor M.D. I Stay In St John Hospital  
 for A Month 1/2 On Return to Graham C.C. H.C.U.  
 I WAS Put on DIALYSIS By Graham C.C. H.C.U.  
 In Sep 2006 I WAS TRANSFER to STATEVILLE  
 C.C. ON 7-7-07 I WAS Inform By  
 STATEVILLE H.C.U. M.D. McFadden An Dr  
 GHOSH that A ERROR WAS MADE ON ME  
 By Graham C.C. H.C.U. Dr. An M.D. I WAS  
 MISDIAGNOSIS By Graham C.C. H.C.U. for  
 Bad Kidney. ON 7.7.07 I WAS taking  
 off DIALYSIS By STATEVILLE C.C. H.C.U.  
 M.D. McFadden An Dr. P. GHOSH. They SAID I  
 NEVER Needed DIALYSIS. Now I HAVE A  
 Bad LIVER from the DIALYSIS treatment I  
 Still HAVE Hole In My Arm. Hole In My Chest  
 from the DIALYSIS treatment I am A  
 Disability I make Now.

In Aug 2006 #2 Disciplinary Report WAS  
Wrote On Me. I Didnot Have Know  
Knowledge of the #2 Disciplinary Ticket. I  
WAS IN St John Hospital Change to the  
Bed Under Heavy Medication In St John  
Hospital In Springfield ILL By Graham C.C  
H.C.U.. If I Knew I Had #2 Disciplinary  
Report Wrote On Me I Could file ME  
GRIEVANCE IN TIMEFRAME. I Lost #1 year 6 month  
I Lost My S.M.G.A. S.M.G. Good Time. I WAS Put  
IN C GRACK. I WAS Put IN Segregation.  
I Didnot HAVE A HEARING ON the #2 Ticket  
they GAVE A MAXIMUM Transfer to Shotwell C.C.

that Why I Didnot file In timeframe  
60 days



VI. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.

I AM ASKING TO BE RELEASE SO I CAN  
RECEIVE PROPER MEDICAL ATTENTION MY FAMILY  
HAVE 100 PERCENT MEDICAL COVERAGE ON ME  
OR 500,000 DOLLARS FROM PERSONAL INJURIES  
AND PAIN AND SUFFERING.

I declare under penalty of perjury that all facts  
given in the complaint are true and correct.

Signed this 24 day of Dec, 2007

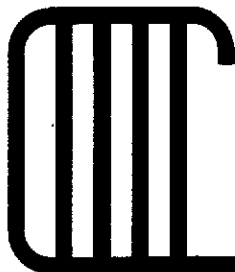
Ronald D. Manger  
(Signature of plaintiff or plaintiffs)

B-24617  
(I.D. Number)

Stateville C.C. P.O. Box 112  
Joliet IL 60434

(Address)





**Illinois**  
Department of  
**Corrections**

**Rod R. Blagojevich**  
Governor

**Roger E. Walker, Jr.**  
Director

Stateville Correctional Center / Rt. 53 / P.O. Box 112 / Joliet, IL 60434 / Telephone: (815) 727 -3607 / TDD: (800) 526-0844

**MEMORANDUM**

DATE: 7-18-07

TO: Granger B24617

FROM: T. Garcia, Corr. Couns. II  
Grievance Office

SUBJECT: **ATTACHED GRIEVANCE -**

The attached grievance is being returned for the following reason:

\_\_\_\_\_ It needs to be rewritten and submitted to your counselor on the attached Committed Person's Grievance Report.

\_\_\_\_\_ It was not filed within 60 days of discovery of the incident, occurrence, or problem which gives rise to the grievance as required in DR 504F, Grievance Procedures for Committed Persons.

  X   Issue needs to be discussed with your counselor for possible resolution.

\_\_\_\_\_ No issue outlined in grievance.

\_\_\_\_\_ It appears that no attempt has been made to resolve the issue as required by DR 504F.

\_\_\_\_\_ Issue is currently being reviewed by \_\_\_\_\_

\_\_\_\_\_ Issue previously addressed. No justification for further action.

\_\_\_\_\_ Other: \_\_\_\_\_ Forward to Administrative Review Board

cc: file

Date: <u>7-14-07</u>	Committed Person: (Please Print) <u>RONALD D. GRANGER</u>	ID#: <u>B24617</u>
Present Facility: <u>STATEVILLE C.C.</u>		Facility where grievance issue occurred: <u>STATEVILLE C.C.</u>
<b>NATURE OF GRIEVANCE:</b>		
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	
<input type="checkbox"/> Disciplinary Report: _____		
Date of Report		Facility where issued
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification		
<p><b>Complete:</b> Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:</p> <p>Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.</p>		
<p><b>Brief Summary of Grievance:</b> <u>BACK IN GRAHAM C.C. IN AUGUST 06 I WAS</u>  <u>DIAGNOSTIC BACK KIDNEY AND WAS PUT ON DIALYSIS. ON 7-7-07</u>  <u>INFORM BY M.D. METADOLAN THAT A ERROR BEEN MAY ON</u>  <u>ME HERE IN STATEVILLE C.C. BY MISDIAGNOSTIC LAB WORK</u>  <u>ALSO M.D. METADOLAN INFORM ME GRAHAM C.C. H.C.U.</u>  <u>MISDIAGNOSTIC ME. DISCONTINUED I NEVER NEEDED</u>  <u>DIALYSIS. ON 7-7-07 I WAS TAKING CAP DIALYSIS BY</u>  <u>M.D. METADOLAN. I AM CONSULT ATTORNEY FOR MEDICAL</u>  <u>MALPRACTICE AND MISDIAGNOSTIC LAB WORK AND SURGERY ON MY</u>  <u>ARM AND CHEST</u></p>		
<p><b>Relief Requested:</b> <u>I AM ASKING FOR 1 MILLION DOLLARS. OR M.S.R.</u>  <u>ME.</u></p>		
<p><input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.</p>		
<u>Ronald D. Granger</u> <small>Committed Person's Signature</small>		<u>B24617</u> <small>ID#</small>
		<u>7.14.07</u> <small>Date</small>
<small>(Continue on reverse side if necessary)</small>		

Counselor's Response (if applicable)		
Date Received: _____	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: _____		
_____		
_____		
_____		
Print Counselor's Name		Counselor's Signature
		Date of Response

EMERGENCY REVIEW	
Date Received: <u>7.18.07</u>	Is this determined to be of an emergency nature?
	<input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Committed person should submit this grievance in the normal manner.
<u>W. M. Carr</u> <small>Chief Administrative Officer's Signature</small>	
<u>7.18.07</u> <small>Date</small>	

Page 1  
COMMITTED PERSON'S GRIEVANCE (Continued)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

## ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board  
Return of Grievance or CorrespondenceOffender: Granger Ronald B24617  
Last Name First Name MI ID#Facility: Stateville☒ Grievance (Local Grievance # (if applicable): 10-1-07) or ☐ CorrespondenceReceived: 11, 9, 07  
DateRegarding: Dialysis

The attached grievance or correspondence is being returned for the following reasons:

## Additional information required:

- ☐ Use the Committed Person's Grievance Report, DOC 0047 (formerly DC 5657), including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
- ☐ Provide a copy of the Committed Person's Grievance, DOC 0046 (formerly DC 5657) including the counselor's response if applicable).
- ☐ Provide date(s) of disciplinary report(s) and facility where incident(s) occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board  
Office of Inmate Issues  
1301 Concordia Court  
Springfield, IL 62794-9277

## Misdirected:

- ☐ Contact your correctional counselor regarding this issue.
- ☐ Request restoration of Good Conduct Credits (GCC) to Adjustment Committee. If request is denied, utilize the inmate grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns to: Illinois Prisoner Review Board  
319 E. Madison St., Suite A  
Springfield, IL 62706

## No further redress:

- ☐ Award of Meritorious Good Time (MGT) and Statutory Meritorious Good Time (SMGT) are administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on 1/1/07 Required  
Date
- ☐ No justification provided for additional consideration.

## Other (specify):

The above is provided. But your  
grievance also fails to cite specifics,Such as dates, when incidents occurred, where etcCompleted by: Sherry Benton

Print Name

Signature

Date

F-02-07

Date: <u>10-1-07</u>	Offender: <u>RONALD GRANGER</u> (Please Print)	ID#: <u>B-24617</u>
Present Facility: <u>STATEVILLE C.C.</u>		Facility where grievance issue occurred: <u>STATEVILLE C.C.</u>

**NATURE OF GRIEVANCE:**

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input checked="" type="checkbox"/> Disability
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify): <u>DIALYSIS</u>	

☐ Disciplinary Report: \_\_\_\_\_  
Date of Report: \_\_\_\_\_ Facility where issued: \_\_\_\_\_

**Note:** Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

**Complete:** Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

**Brief Summary of Grievance:** I RONALD GRANGER WAS MISDIAGNOSED BY MEDICAL STAFF HERE IN STATEVILLE C.C. THE H.C.U. MADE AN ERROR ON ME. IT COST A DISABILITY IN MY ARM AND LIVER AND KIDNEY. I WAS INFORMED BY THE H.C.U. AND M.D. METADOLIN THAT I NEVER NEEDED DIALYSIS. THE H.C.U. MADE DIAGNOSES LAB WORK. NOW I HAVE A LIVER PROBLEM FROM THE ERROR THAT H.C.U. MADE ON ME

**Relief Requested:** I AM ASKING FOR 500,000. DOLLARS OR A INTERVIEW WITH THE A.R.B.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Ronald Granger B-24617 10.1.07  
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)	
Date Received: <u>10/16/07</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: <u>Sent to Health care unit to answer</u>	
<u>E.B. Thier</u> Print Counselor's Name	<u>E.B.T.</u> Counselor's Signature
	<u>10/23/07</u> Date of Response

EMERGENCY REVIEW	
Date Received: <u>1/1</u>	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
<b>RECEIVED</b>	
<u>NOV - 9 2007</u>	
_____ Chief Administrative Officer's Signature	_____ Date

OFFICE OF  
INMATE ISSUES

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